

BEST AVAILABLE COPY

(to file)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/508782	FILING DATE						
						APPLICANT							
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	2	↓	2	TOTAL IND.			↓			
TOTAL DEP.			←	16	←	16	TOTAL DEP.			↓			
TOTAL CLAMS				18		18	TOTAL CLAMS			←			